

## PART B - FEE(S) TRANSMITTAL

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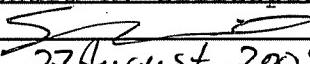
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Sonora R. Gillespie	(Depositor's name)
	
(Signature)	
27 August 2009	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,582	11/25/2003	Joseph F. Obermiller	8627/1881 (PA-5213-CIP-CO)	5774

TITLE OF INVENTION: IMPLANTABLE VASCULAR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/25/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLANCO, JAVIER G	3774	623-001240

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <p> <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                 </p> <p> <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                 </p>	2. For printing on the patent front page, list <p>                     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                 </p> <p>                     (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                 </p>
	1 <u>Brinks Hofer Gilson &amp; Lione</u> 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cook Biotech, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

West Lafayette, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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- A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

M. Daniel Spillman

Date 21 August 2009

Typed or printed name M. Daniel Spillman

Registration No. 61,824

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